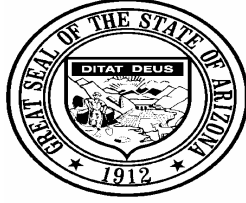


APPLICATION**LICENSE**

Date Received _____ Date Approved _____ Fee Paid \$ _____ Receipt # _____
Fee Paid \$ _____ Receipt # _____ Date License Mailed _____ License # _____ Eff.Date _____

(DO NOT WRITE ABOVE THIS LINE)

**ARIZONA STATE BOARD OF DISPENSING OPTICIANS**

1400 W. Washington, Rm. 230, Phoenix, Arizona 85007

APPLICATION FOR ADMISSION TO PRACTICAL EXAMINATION

Social Security Number (Required by A.R.S.§25-320) _____

Applicant's Name _____
(Print or type name as you desire it to appear on license)

Home Address _____
(Street & Number) (City) (State) (Zip) (Home Phone)

Current Employer _____

Which location _____
(Street & Number) (City) (State) (Zip) (Work Phone)

INSTRUCTIONS

- This application should be typewritten or legibly printed and sent to the Arizona State Board of Dispensing Opticians, 1400 W. Washington, Room 230, Phoenix, Arizona 85007. The board will act only on those applications, which are completely and properly completed by the applicant. Answer all questions relative to your application as completely as possible. You must submit at least two letters from licensed dispensing opticians, physicians, or optometrists stating that you worked as a dispensing optician for the required number of years, as stated in A.R.S.§32-1683.5(a) or (b) or (c) or (d). In addition, you must submit three letters attesting that you are of good moral character from individuals not related to you who have know you at least two years. This makes a minimum of five letters, which must be submitted with this application. If your optical dispensing experience includes more than one employer, you much include a letter from each employer for which you claim experience time in the last six years. You must also submit the original examination scores from the ABO and NCLE (these will be returned upon request).
- Applications **must be received** by the board at least **45 days prior to the examination date**. The applicant will be notified of the time and place of examination upon approval of the application by the board. The applicant will be advised of the results of the examination by mail.
- Once the examination is successfully completed, and upon receipt of the licensing fee, (\$100.00), the applicant will be issued a dispensing optician's license which will expire on December 31st of each year, unless renewed under the terms and conditions prescribed by the board.
- Continuing education credits as outlined in the board Rule R4-20-120 are required.
- A non-refundable application fee, as specified below must accompany this application. This application fee must be in the form of a money order or cashier's check, made payable to the Arizona State Board of Dispensing Opticians.
- Contact the Board Office at (602) 542-3095 with questions concerning application and examination date.

CURRENT NON-REFUNDABLE APPLICATION FEE: \$100.00

OPTICAL DISPENSING EXPERIENCE

Name, address and professional designation of dispensing optician, physician or optometrist under whose direct supervision you worked as a dispensing optician. List only experience gained during the last six years.

Employer Name	Address City, State, Zip	Telephone Area Code + number	Dates	
			Mo./Day/Yr. Started	Mo./Day/Yr. Ended

In order for optical dispensing experience to qualify an applicant to take the Arizona examination, the optical dispenser must meet one of the following criteria:

- A. An apprenticeship as a dispensing optician for three of the last six years; or
- B. An apprenticeship as a dispensing optician for one year, if a graduate of an accredited two year ophthalmic dispensing program approved by the board.

The board may accept a maximum of 6 months of optical laboratory experience toward satisfying the apprenticeship requirements, if such experience is directly involved in the production process.

OPTICAL LABORATORY EXPERIENCE

Name and address of optical laboratories where you worked, if any, and type of work done.

Name and address of employer	Type of work done	Mo./Day/Yr.	Mo./Day/Yr.

HISTORY

Have you ever been convicted of a crime other than minor traffic violations?

Yes ____ No ____
(If "Yes", attach details)

Have you ever been refused a professional or occupational license in any state?

Yes ____ No ____
(If "Yes", attach details)

Have you ever had a professional or occupational license suspended or revoked?

Yes ____ No ____
(If "Yes", attach details)

EDUCATION

High school
attended: _____

Name	Address	City	State
Did you graduate? Yes _____ Year _____ No _____			
If no, do you have a certificate of equivalency? Yes _____ Year _____ No _____			
If yes, awarded by _____			

Name	Address	City	State
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(ATTACH PHOTOCOPY OF HIGH SCHOOL DIPLOMA OR GENERAL EDUCATION DIPLOMA ISSUED BY ANY STATE)

OPHTHALMIC OPTICS COURSES

Name and address of accredited school of optical dispensing from which you graduated

No. of months you attended such school _____ Date of graduation _____ Degree received _____
(ATTACH PHOTOCOPY OF DIPLOMA)

PREVIOUS LICENSURE

Do you presently hold a valid and subsisting dispensing opticians license in good standing in another state?

License No. _____ State _____ Date of Issuance _____ Date of Expiration _____

(ATTACH A PHOTOCOPY OF YOUR LICENSE, ACCOMPANIED BY A LETTER FROM AN OFFICER OF THE LICENSING BOARD VERIFYING THAT THE LICENSE IS VALID AND IN GOOD STANDING)

NATIONAL COMPETENCY EXAMINATION

Attach the original notice of successful passage of national eyeglass and contact lens examinations or a letter directly from the national examining board verifying your successful completion of the eyeglass and contact lens examinations. Also include verification that the national certificates issued at the time of passage of the examinations have been kept current by completion of required continuing education courses (required by A.R.S. §32-1682.D).

PHOTOGRAPH

Attach
Photograph securely
In this space

**Applicant's photograph taken
within last six months.
NO SMALLER THAN 1½ x 2 INCHES**

STATE OF _____)
) ss.
COUNTY OF _____)

The applicant

(Print name in full)

AFFIDAVIT

Being first duly sworn upon his/her oath deposes and says: I am the person named subscribing to this application; I have read the completed application and know the full content thereof and declare that all of the information, evidence or other credentials submitted herewith are true and correct; and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware. I agree that my application and credentials are subject to independent verification. Further, I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Arizona State Board of Dispensing Opticians or its successors any information, files or records requested by that Board in connection with this application. I authorize the Arizona State Board of Dispensing Opticians or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I acknowledge that falsification of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

Applicant further swears that he or she has read and understands Chapter 15.1, Title 32, A.R.S., commonly known as the Arizona Dispensing Opticians Act, and the Rules promulgated by the Board, and advised that he or she assumes the responsibility to read any future changes that may revise or amend the present applicable statutory provisions and rules.

(NOTARIAL SEAL)

(Signature of Applicant)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

(Notary Public)

My Commission Expires



Do you need this information in an alternative format? Please call the
Board Office at 602-542-3095